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### PLEASE HAND DELIVER

Examiner: Walter Schlapkohl  
In re Application of: Thoms J. Hosted, Jr. *et al.*  
Group Art Unit: 1636  
Filed: 05/15/2001  
Attorney Docket No.: IN01164K  
Serial No.: 09/855,340

**Transmitted herewith are:**

- Transmittal form (sb21) - 1 page
- Petition for Extension of Time (sb22) - One Month - 1 page IN DUPLICATE
- Amendment and Response to Non-Final Office Action - 7 pages
- Declaration by Dr. Thomas Hosted, Jr. and Dr. Ann C. Horan Under 37 CFR 1.131 (attached to Amendment) - 2 pages
- Exhibit A - 1 page and 1-page cover
- Exhibit B - 1 page and 1-page cover
- Cert. of Fax Transmission (sb97) - 1 page
- Fax Cover Sheet - 1 page

  
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Docket Number: IN01164K

Application No: 09/855340

Filing Date: 05/15/2001

First Inventor: HOSTED, Thomas J

PTO/SB/97 (09-04)

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Transmittal form (sb21) - 1 page ✓

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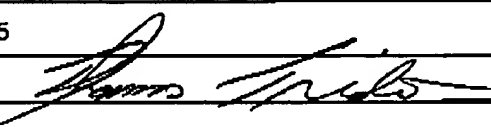
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/855340	
	Filing Date	05/15/2001	
	First Named Inventor	HOSTED, Thomas J	
	Art Unit	1636	
	Examiner Name	Schlapkohl, Walter	
Total Number of Pages in This Submission	18	Attorney Docket Number	IN01164K

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Cert. of Fax Transmission (sb97) - 1 page; Fax Cover Sheet - 1 page
Remarks Additional enclosures (attached to Amendment): - Declaration by Dr. Thomas Hosted, Jr. and Dr. Ann C. Horan Under 37 CFR 1.131 - 2 pages; - Exhibit A - 2 pages; - Exhibit B - 2 pages		

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